

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036368

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8723

**FILED SEP 17 1962**

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St Louis</u>  |   | c. CITY OR TOWN <u>St Louis</u>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Incarnate Word Hosp</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>2425 Salena Street</u>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Louise</u> Middle <u>Klima</u> Last  |   | 4. DATE OF DEATH<br>Month <u>Sept</u> Day <u>7</u> Year <u>1962</u>   |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><u>1/30/90</u>                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housework</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Czechoslovakia</u> |
| 13a. FATHER'S NAME<br><u>Joseph Vanek</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |   | 16. SOCIAL SECURITY NO.<br><u>Frank A Klima 2425a Salena St</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Intestinal Obstruction</u><br>DUE TO (b) <u>Carcinoma of uterus &amp; Cervix</u><br>DUE TO (c) <u>171X</u>         |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hours</u>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Vesicovaginal Fistula - Rectovaginal Fistula</u>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour <u>3:30</u> a.m. <u>171X</u> Month, Day, Year   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br><u>St Louis</u> COUNTY <u>St Louis</u> STATE <u>Mo</u>  |   |
| 21. I attended the deceased from <u>July 1957</u> to <u>September 7, 1962</u> and last saw her alive on <u>September 7, 1962</u> .<br>Death occurred at <u>2:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE<br><u>Thomas J. Summer, M.D.</u> (Degree or title)   |   |
| 22b. ADDRESS<br><u>3624 S. Broadway, St. Louis</u>  |   | 22c. DATE SIGNED<br><u>9-8-62</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>9/11/62</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Resurrection Cemetery</u>  |   |
| 23d. LOCATION (city, town, or county)<br><u>St Louis County, Mo</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>SEP 10 1962</u>  |   |
| 24. FUNERAL DIRECTOR<br><u>Moydell Funeral Home 1926 Allen</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Paul Smith, M.D.</u>  |   |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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63

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4950

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.